

PTO/SB/30 (10-01)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|------------------|
| Application Number | 10/072,616 |
| Filing Date | February 7, 2002 |
| First Named Inventor | Hismobu ISHIYAMA |
| Art Unit | 2673 |
| Examiner Name | Jimmy H. Nguyen |
| Attorney Docket Number | 81751.0028 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

- a. ☒ Previously submitted
 i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on November 8, 2004
 (Any unentered amendment(s) referred to above will be entered).
 ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 iii. ☐ Other _____
 b. ☐ Enclosed
 i. ☐ Amendment/Reply
 ii. ☐ Affidavit(s)/Declaration(s)
 iii. ☐ Information Disclosure Statement (IDS)
 iv. ☐ Other _____

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
 b. ☐ Other _____

3. **Fees**

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1314.
 i. ☒ RCE fee required under 37 CFR 1.17(c) \$790
 ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17) \$110
 iii. ☐ Other _____ enclosed
 b. ☐ Check in the amount of \$ _____ enclosed
 c. ☐ Payment by credit card (Form PTO-2038 enclosed)
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-------------------|-----------------------|-----------------------------------|------------------|
| Name (Print Type) | Darius G. Adli | Registration No. (Attorney Agent) | 51,386 |
| Signature | <i>Darius G. Adli</i> | Date | December 6, 2004 |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

| | | | |
|-------------------|--------------------|------|------------------|
| Name (Print Type) | Rhonda Hurt | Date | December 6, 2004 |
| Signature | <i>Rhonda Hurt</i> | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Mail Stop _____
 Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/24/2005 KHARLING 00000004 501314 10072616

PAGE 3/3 RCVD AT 12/25/2004 7:38:32 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-10 * DHS:8729306 * CSID:412133376701 * DURATION (mm:ss):01:24

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Attorney Docket No. 81751.0028
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Hisanobu ISHIYAMA
Serial No.: 10/072,616
Confirmation No.: 3217
Filed: February 7, 2002
For: **DISPLAY DRIVER, DISPLAY UNIT,
AND ELECTRONIC INSTRUMENT**

Art Unit: 2673
Examiner: Jimmy H. Nguyen

I hereby certify that this correspondence
is being transmitted via facsimile to
(703) 872-9306:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on
December 6, 2004
Date of Deposit
Rhonda Hurt
Name
Rhonda Hurt 12/06/04
Signature Date

PETITION FOR EXTENSION OF TIME

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 C.F.R. 1.136, Applicant respectfully petitions the Commissioner for a one-month extension of time extending to December 6, 2004, the period for response to the Office Action dated August 6, 2004. Please charge the fee of \$110 for this extension to Deposit Account No. 50-1314. The responsive paper(s) are attached.

Please charge any insufficiency or credit any overpayment to Deposit Account No. 50-1314. A copy of this petition is enclosed.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: 

Dariush G. Adli
Registration No. 51,386
Attorney for Applicant(s)

Date: December 6, 2004

500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Phone: 213-337-6700

01/24/2005 KHARL 16:20:03 337-6701 10072616

02 FC:1251 110.00 DA ✓

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

101072616

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | 21 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 21 | minus 20 = * |
| INDEPENDENT CLAIMS | 2 | minus 3 = * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5-20-04 (Column 1) A (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total | 21 | Minus | ** 21 = 0 |
| Independent | 2 | Minus | *** 3 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | OTHER THAN SMALL ENTITY | |
|--|--------|----|-------------------------|--------|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | No | OR | X\$18= | No |
| X42= | Fee | OR | X84= | Fee |
| +140= | Due | OR | +280= | Due |
| TOTAL ADDIT. FEE | -0 | OR | TOTAL ADDIT. FEE | -0 |

RCE 12/6/04 (Column 1) B (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total | 14 | Minus | ** 21 = 0 |
| Independent | 2 | Minus | *** 3 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | No | OR | X\$18= | No |
| X42= | Fee | OR | X84= | Fee |
| +140= | Due | OR | +280= | Due |
| TOTAL ADDIT. FEE | -0 | OR | TOTAL ADDIT. FEE | -0 |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total | * | Minus | ** = |
| Independent | * | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.